




**New Jersey Department of Health and  
Senior Services  
Communicable Disease Service**



**Respiratory Virus Surveillance Report<sup>1</sup>  
Week ending January 14, 2012 (MMWR week 2)**

**SYNOPSIS**

Influenza Activity Level <sup>2</sup>		
State Activity Week ending 01/14:		
LOW		
Current week Last year: LOW		
Regional <sup>3</sup> Data		
Northwest	LOW	
Northeast	LOW	
Central West	LOW	
Central East	LOW	
South	LOW	

ILI Activity <sup>4</sup>				
	Percent ILI/Absenteeism			Baselines
	Current week (range by county)	Last week Current year	Current week Last year	Non-season <sup>5</sup> Season <sup>6</sup> (3 low, 3 high)
<b>Long Term Care Facilities</b>	0.49 (0.00-1.81)	0.54	1.18	0.64 (0.66, 0.89)
<b>Schools (absenteeism)</b>	4.77 (2.15-7.40)	5.20	5.36	4.32 (4.86, 5.21)
<b>Emergency Departments</b>	2.72 (0.00-5.32)	3.97	4.29	2.68 (3.37, 3.89)

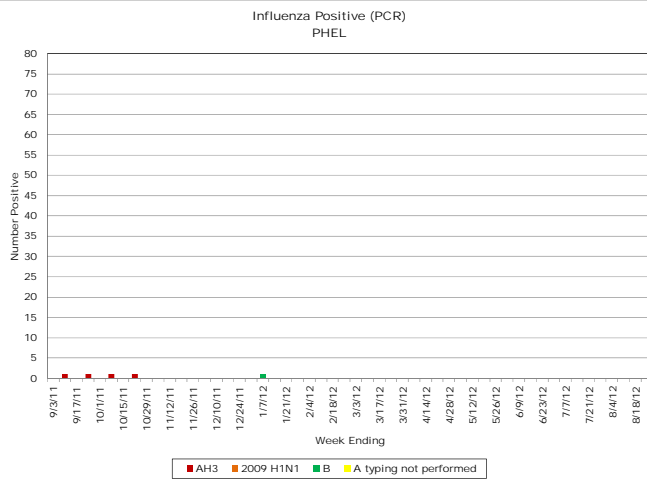
Viral Activity <sup>7</sup>			
	Current Week	Past 3 Weeks	Cumulative Total
<b>Influenza H1N1 (2009)</b>	0	0	0
<b>Influenza H3N2</b>	0	0	4
<b>Influenza B</b>	1	1	1
<b>Respiratory Syncytial Virus (RSV)</b>	251	1546	2446

Report also available at:  
<http://nj.gov/health/flu/fluinfo.shtml>

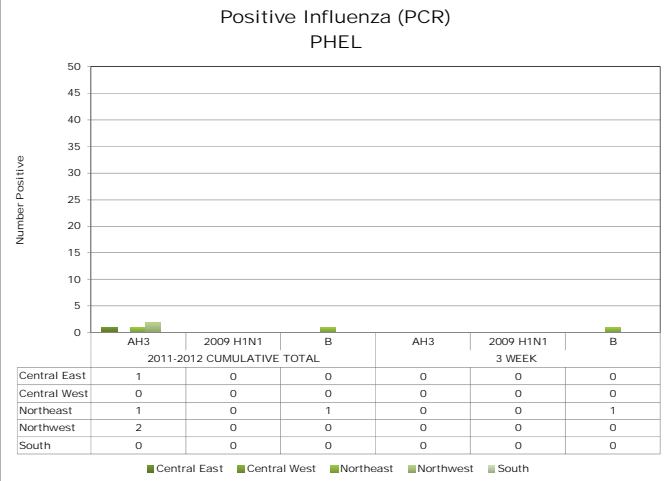
## Virologic Surveillance<sup>7</sup>

### NJ Public Health and Environmental Laboratory (PHEL) Influenza Positive (PCR)

#### Result by Week

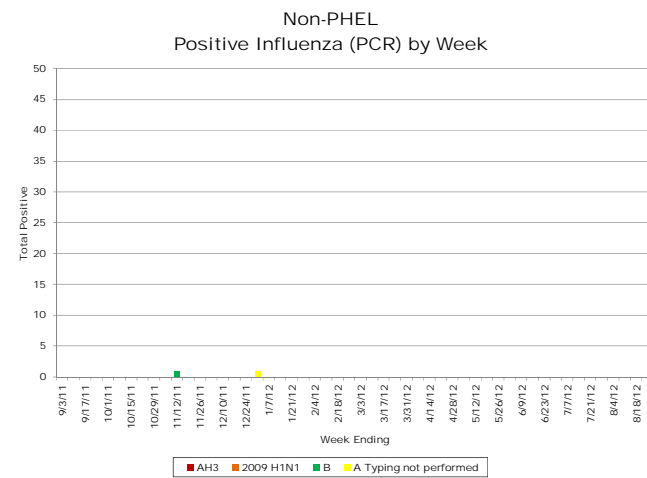


#### Result by Region<sup>3</sup>

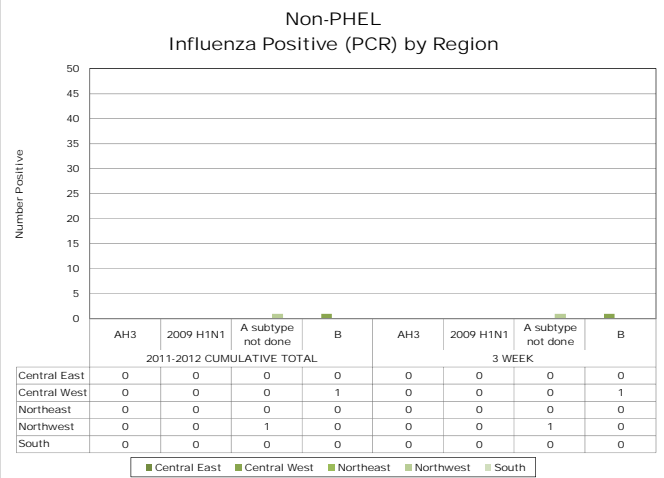


### Influenza Positive (PCR) – Commercial/Acute Care Laboratories

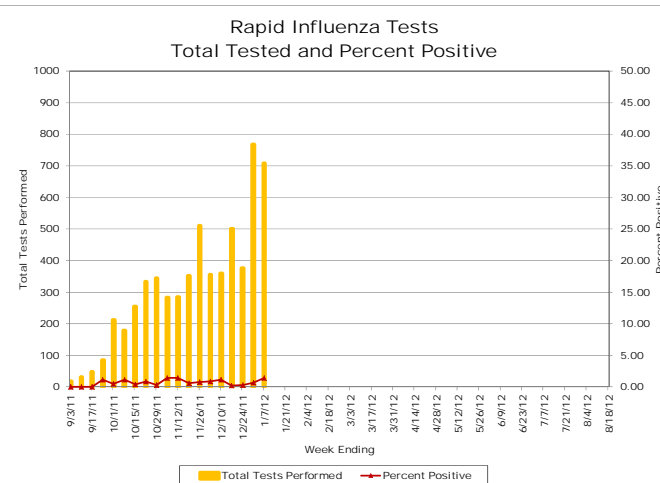
#### Result by Week



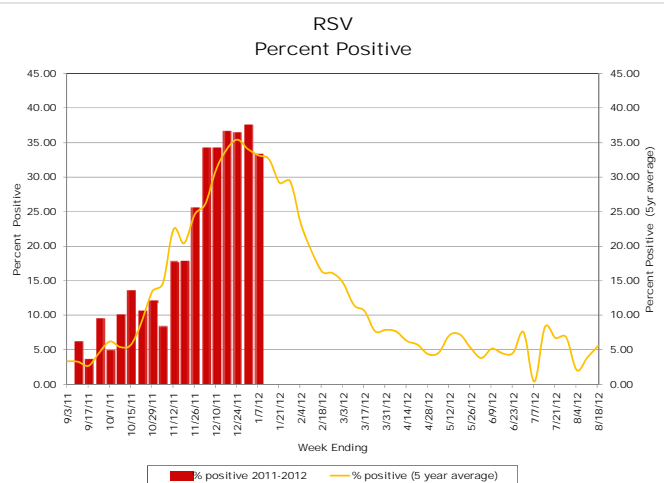
#### Result by Region<sup>3</sup>



### Influenza Rapid Antigen Result by Week

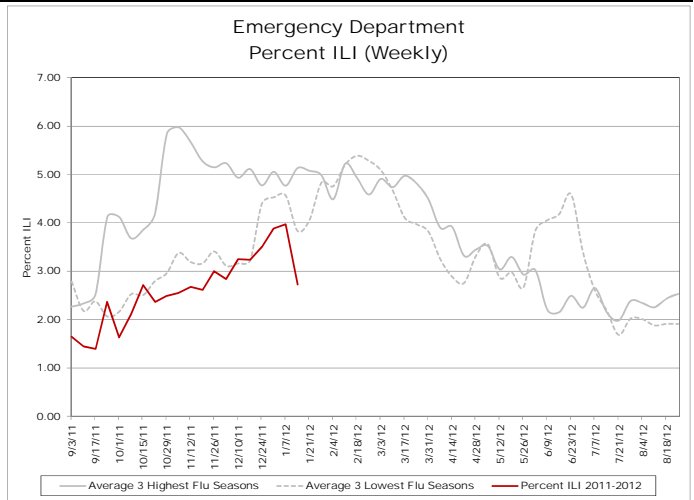
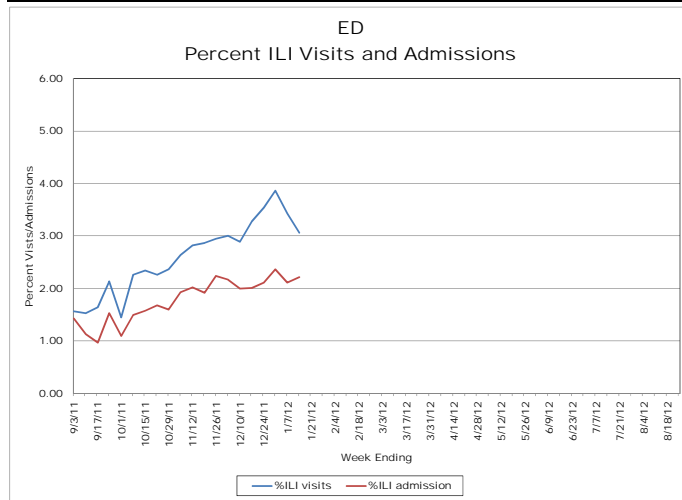


### Respiratory Syncytial Virus (RSV) Results by Week

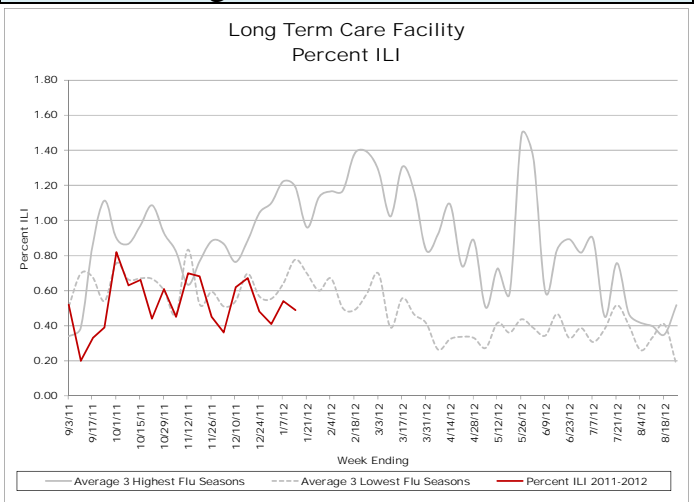
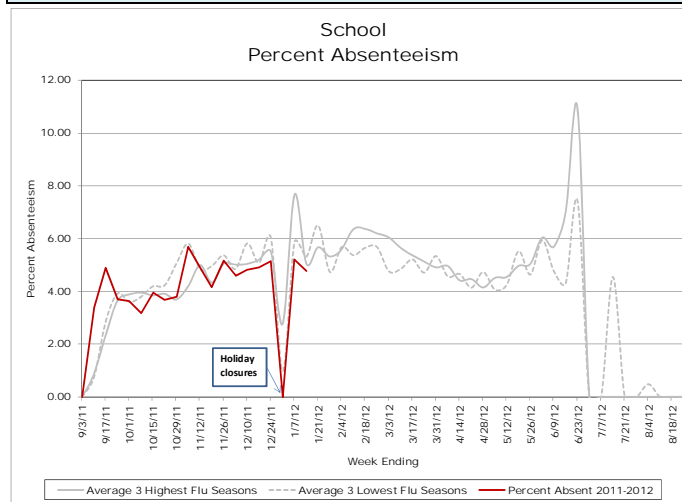


## Influenza-like Illness Surveillance

Emergency Department <sup>8</sup>	
Daily Visits and Admission	Visits – Tuesday Only



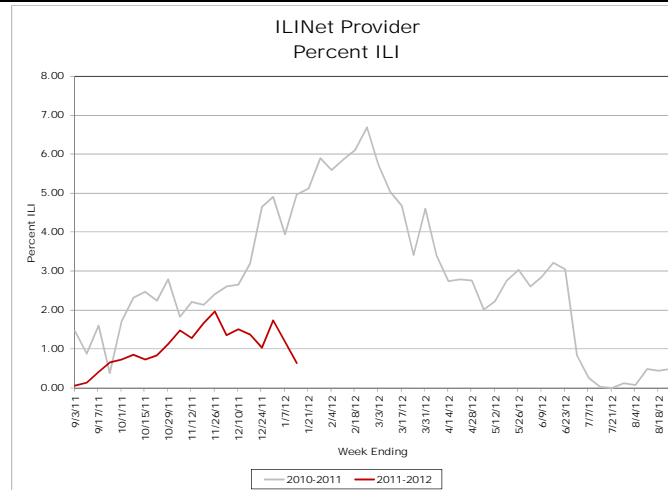
School Absenteeism	Long Term Care Facilities
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## Respiratory Outbreaks in Long Term Care Facilities<sup>9</sup>

<b>Cumulative outbreaks 2011-2012 season</b>	4
<b>No. outbreaks last 3 weeks</b>	2
<b>Regions with recent outbreaks</b>	Northeast/ Central West

## ILINet Providers



### Additional Information

A second report containing information about age specific illness, hospitalization and deaths will be produced on a monthly basis or as needed when important information needs to be disseminated.

For additional information regarding influenza surveillance please visit the following websites.

<http://nj.gov/health/flu/surveillance.shtml>

<http://www.cdc.gov/flu/>

#### Footnotes:

1. This report represents activity occurring in New Jersey related to influenza and RSV. In addition, reports of other circulating respiratory viruses will be included when available.
2. Activity levels for the state and region are defined in Table 1 and 2 at the end of this document.
3. The following is a breakdown of counties contained within each public health region: Northwest: Morris, Passaic, Sussex, Warren; Northeast: Bergen, Essex, Hudson; Central west: Hunterdon, Mercer, Somerset; Central East: Middlesex, Monmouth, Ocean, Union; South: Atlantic, Burlington, Camden, Cape May, Salem, Cumberland, Gloucester
4. Influenza-like illness (ILI) is defined as fever ( $> 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ], oral or equivalent) and cough and/or sore throat (in the absence of a known cause other than influenza). For long term care facilities, fever is defined as  $2^{\circ}$  above baseline temperature.
5. Non-season baseline is calculated by taking the average of statewide percentages of ILI for a 6 year (2006, 2007, 2008, 2009, 2010, 2011) period during months when influenza is less likely to be circulating (May-August).
6. Three year seasonal averages are determined by calculating the average percent ILI/absenteeism for each influenza season (October to May). These averages are ranked and the three highest and lowest overall season averages were selected. The three highest and lowest numbers were then averaged to obtain a single high and single low value. The season which contribute to the high and low value vary by entity type and are as follows : LTCF (High: 05-06, 06-07, 07-08; Low: 08-09, 09-10, 10-11), ED (High: 05-06, 06-07, 09-10; Low: 07-08, 08-09, 10-11 ) and schools (High: 06-07, 07-08, 08-09 ;Low: 05-06, 09-10, 10-11). A week by week average was also calculated using the average of the seasons listed above for each entity type.
7. Viral activity: Real-time polymerase chain reaction (PCR) results are obtained from electronic laboratory transmission submitted by acute care, commercial and public health laboratories to CDRSS. Rapid influenza test data and respiratory syncytial virus data are acquired from facilities reporting rapid influenza tests via the National Respiratory and Enteric Virus Surveillance System (NREVSS) or CDRSS ILI module. Counts for cumulative totals begin with week ending October 8, 2011. Three week count data includes current week and two prior weeks. Data presented for RSV and rapid influenza testing represent information for the week prior to the current report week.
8. Daily visits and admission associated with ILI from emergency department data is collected via EpiCenter and Hippocrates. Prior to these systems, data on ILI visits were only recorded one day per week usually on Tuesday. This system is maintained as a large amount of historical data allows for better seasonal comparisons.
9. Only LTCF outbreaks reported to NJDHSS that received an outbreak number are recorded in this report.

<b>Table 1</b> <b>Influenza Activity Level – Definitions for State Activity</b>				
<b><u>NJ Level</u></b>	<b><u>CSTE Level</u></b>	<b><u>Definition</u></b>		
		<b><u>ILI Activity/Outbreaks</u></b>		<b><u>Lab Activity</u></b>
Low	No Activity	ILI activity at or below baseline AND no detected outbreaks	AND	No lab confirmed cases
	Sporadic	Low ILI activity detected OR one lab confirmed outbreaks anywhere in the state	AND	Sporadic isolation of laboratory confirmed influenza
Moderate	Local	Increase in ILI activity OR two or more lab confirmed outbreaks in one public health region (Other regions not experiencing increased ILI activity)	AND	Recent (within 3 weeks) laboratory activity in the region with increased ILI
	Regional	Increase in ILI activity OR two or more lab confirmed outbreaks in at least 2 public health regions (Other regions not experiencing increased ILI activity)	AND	Recent (within 3 weeks) laboratory activity in the region with increased ILI
High	Widespread	Increase in ILI activity OR two or more lab confirmed outbreaks in > 2 public health regions	AND	Recent (within 3 weeks) laboratory activity in the region with increased ILI

<b>Table 2</b> <b>Influenza Activity Level – Definitions for Public Health Regions</b>			
<b><u>NJ Level</u></b>	<b><u>Definition</u></b>		
	<b><u>ILI Activity/Outbreaks</u></b>		<b><u>Lab Activity</u></b>
Low	Low ILI activity detected OR one lab confirmed outbreaks anywhere in the region	AND	Sporadic isolation of laboratory confirmed influenza anywhere in the region
Moderate	Increased ILI activity in less than half of the counties in the region OR two lab confirmed outbreaks in the public health region	AND	Recent (within 3 weeks) laboratory activity in same counties of the region with increased ILI
High	Increased ILI activity in more than half of the counties in the region OR three or more lab confirmed outbreaks in the region	AND	Recent (within 3 weeks) laboratory activity in more than half of the counties in the region with increased ILI

*Notes:*

ILI activity: Systems used to detect increases in ILI activity include: ILINet (i.e., sentinel providers), school absenteeism data, ED ILI visits and admission collected via Hippocrates and EpiCenter systems, LTCF ILI data, LTCF outbreak data, and information on influenza mortality (122 city, influenza associated death report).

Lab Activity: Virologic surveillance data from PHEL will be used as the primary data source for the above levels. However, rapid influenza test data and commercial laboratory data will also be considered when determining the appropriate activity levels.



	Long Term Care			Schools			Hospital Emergency Department		
County	# Enrolled	# Reports Rec'd	% ILI	# Enrolled	# Reports Rec'd	% Absent	# Enrolled	# Reports Rec'd	% ILI
January, 10, 2012 12:00 AM MMRW WEEK 2									
ATLANTIC	3	2	1.81	13	11	5.59	5	4	0.95
BERGEN	6	5	0.07	34	23	4.47	5	5	2.02
BURLINGTON	6	1	0.00	115	48	4.50	4	3	0.47
CAMDEN	5	0	0.00	17	0	0.00	7	7	3.33
CAPE MAY	7	5	0.00	11	11	5.38	1	1	4.59
CUMBERLAND	2	2	1.13	11	6	6.40	3	3	3.46
ESSEX	25	3	0.48	47	5	2.15	11	7	3.21
GLOUCESTER	5	5	0.21	6	5	5.13	2	2	5.32
HUDSON	16	5	0.73	86	66	5.01	6	6	3.02
HUNTERDON	4	4	0.00	8	8	2.30	1	1	3.53
MERCER	11	0	0.00	26	13	2.98	6	2	1.26
MIDDLESEX	17	8	0.23	25	14	3.15	5	5	3.40
MONMOUTH	14	6	0.00	26	18	7.40	5	5	2.43
MORRIS	4	0	0.00	5	0	0.00	4	4	1.38
OCEAN	12	1	0.93	56	22	6.47	4	3	4.87
PASSAIC	9	2	1.29	33	16	5.62	3	2	0.58
SALEM	2	1	0.00	5	1	4.22	1	0	0.00
SOMERSET	5	1	1.57	87	28	3.45	2	1	1.34
SUSSEX	5	5	0.95	23	21	5.50	2	1	0.00
UNION	3	0	0.00	195	34	3.94	5	3	0.68
WARREN	4	2	0.00	25	17	5.66	2	2	2.50
NW Region	22	9	0.94	86	54	5.58	11	9	1.39
NE Region	47	13	0.36	167	94	4.79	22	18	2.81
CW Region	20	5	0.37	121	49	3.17	9	4	1.69
CE Region	46	15	0.19	302	88	5.28	19	16	3.19
South Region	30	16	0.57	178	82	4.90	23	20	2.77
State Total	165	58	0.49	854	367	4.77	84	67	2.72

	RSV Tests		Flu Tests		
County	# Positive	Total Tests Performed	# Positive	Total Tests Performed	
<b>January, 10, 2012 12:00 AM MMRW WEEK 2</b>					
ATLANTIC	26	72	1	45	
BERGEN	15	26	0	31	
BURLINGTON	18	38	1	43	
CAMDEN	14	52	1	178	
CAPE MAY	4	12	0	11	
CUMBERLAND	19	53	0	0	
ESSEX	26	91	0	136	
GLOUCESTER	8	26	2	34	
HUDSON	9	29	0	0	
HUNTERDON	7	18	1	47	
MERCER	2	7	0	5	
MIDDLESEX	47	166	0	67	
MONMOUTH	23	66	0	0	
MORRIS	16	39	0	28	
OCEAN	0	0	0	0	
PASSAIC	0	0	0	0	
SALEM	0	0	0	0	
SOMERSET	0	0	0	0	
SUSSEX	4	14	2	27	
UNION	13	45	0	35	
WARREN	0	5	2	20	
<b>NW Region</b>	20	58	4	75	
<b>NE Region</b>	50	146	0	167	
<b>CW Region</b>	9	25	1	52	
<b>CE Region</b>	83	277	0	102	
<b>South Region</b>	89	253	5	311	
<b>State Total</b>	<b>251</b>	<b>759</b>	<b>10</b>	<b>707</b>	